Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450 (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

or Fax

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of

7590

04/05/2005

Sughrue Mion Zinn MacPeak & Seas 2100 Pennsylvania Avenue NW

Washington DC 20037 06/23/2005 SFEEEKE2 00000053 09536315

01 FC:1501 02 FC:1504 1400.00 OP 300.00 OP Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 09/536,315 03/27/2000 Eiji Ogawa Q55898 4621

TITLE OF INVENTION: QUALITY CONTROL SYSTEM FOR MEDICAL DIAGNOSTIC APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE DATE DU	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	07/05/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	•	
HARTMAN JR, RONALD D		2121		700-019000	_	
FR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. ASSIGNEE NAME ANI PLEASE NOTE: Unles	ation (or "Fee Address" Indicati or more recent) attached. Use of D RESIDENCE DATA TO BE is an assignee is identified belon 37 CFR 3.11. Completion of	on form of a Customer PRINTED ON ow, no assignee this form is NO	(1) the na or agents (2) the naregistered 2 registered the control of the control	ear on the natent. If an assig	a member a mes of up to f no name is SUGHRU	E MION, PLLC
	e assignee category or categoric	` 1			Corporation or other private gro	up entity Governm
The following fee(s) are enclosed: Let sue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies)	A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached. any overpayment, of this form).			
Change in Entity Status	s (from status indicated above) SMALL ENTITY status. See 37				ALL ENTITY status. See 37 CI	

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Susan P.

Authorized Signature

Typed or printed name

Registration No.